Delaware Department of Agriculture - Weights and Measures

Complaint Number:	Date:
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Business:		Compl	Complainant:						
Address:			Teleph	Telephone:					
City:									
Location of pump:									
Pump #		Grade		Cash	Credit	Pay at Pump	Pay Inside		
Gal. pumped		Price per gal		Total \$					
Receipt	Y N	Station Notified:	Y N						
Nature of Complaint									
Inspectors Finding									
Date of Investigation		Inspecto	r	Date Completed					
Complainant Notified	Y N	Message	Verbal						